Solo and Small Group Practitioner Workgroup Summary

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Evolution of Primary Care

Many solo and small group practices are struggling to keep up with the pace of practice evolution. At the same time, many new physicians are electing to go into hospital-based care or Kaiser instead of opening solo/small group practices. These shifts threaten to undermine these small practices, which currently form the backbone of the safety net. Historically, medical practices could survive even if they were inefficient. In today's evolving primary care setting, inefficiency is harshly punished, and business skills are increasingly important to keeping a practice afloat – a skill that most doctors do not have. This is especially true in the face of woefully small Medi-Cal reimbursements and a lack of political will to increase them.

Evolution is hampered by the fact that solo and small group practices tend to receive less attention than their FQHC brethren from policy makers and legislators. Many workgroup participants expressed some frustration at their exclusion from waiver discussions. Even though small group practices form a significant part of the Medi-Cal delivery system, they have not received the same level of attention that FQHCs do. Just like FQHCs, workgroup participants expressed that they too need support to evolve and transform to meet the needs of today's primary care system.

Workgroup participants discussed several approaches that have been used to try and provide the necessary resources to survive in the modern primary care landscape. IPAs were not always helpful to solo and small group practitioners, as they were formed to support independent physicians as opposed to encouraging better vertical integration. Moreover, they are legally barred from managing non-HMO patients, rendering them useless for handling many patients. A more full-fledged physician management company, akin to a large group practice, would be necessary to take on the full spectrum of administrative work. Better use of data collection and IT could also provide a boost, allowing practitioners to identify ways to improve their practices and achieve better quality, though adopting new technology is often very challenging from small groups. Participants also expressed that reimbursements needed to be addressed, as many small groups handle disproportionately sick patients.

The doctor shortage was also discussed. Solo and small group practices will need to shift towards team-based care to make better use of limited physician hours. At the same time, plans need to advocate for actuarially sound reimbursement rates to ensure good service and financial viability from safety-net oriented small group practices. Incentive programs could also play a role, but they need to regain credibility among the community as they are perceived as providing bad pay and poor returns.

Health Information Technology

Although electronic health records could help validate the quality of care provided by solo/small groups, many participants were concerned about impacts to productivity and care during a rollout. A Los Angeles initiative, Hi Tech LA, provided incentive payments to help modernize practices, and saw good initial uptake.

There is a generational gap when it comes to the use of electronic health records and other new health information technologies. Although older doctors are uncomfortable with the technology, many younger doctors see it as a requirement for a functioning practice. Additionally, implementing these systems is quite expensive, and can place an unreasonable burden on an already struggling practice, though programs like Hi Tech LA can help defray these costs. Having enough resources to support a bumpy rollout is important if EHR use is to achieve any meaningful level.

ITUP also published a report on Solo and Small Group practices, which can be read here: http://itup.org/delivery-systems/2015/02/11/solo-and-small-group-physician-practices-in-california/

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